# Comprehensive Testing

"Adding plasma next-generation sequencing testing to the routine management of metastatic nonsmall cell lung cancer patients appears to increase targetable mutation detection and improve the delivery of targeted therapy. Tissue alone detected targetable mutations for 20% of patients. Adding plasma sequencing increased targetable mutation detection to 36%."

Source: JAMA Oncol. 2019;5(2):173-180 DOI:10.1001/jamaoncol.2018.4305

#### **SOMATIC RNA FUSION NGS** ABL1 CCNB3 FGFR1 MYB POU5F1 STAT6 **ACTB** CCND1 FGFR2 MYC PPARGC1A STRN FGFR3 AFAP1 CD74 NAB2 PPP1CB SUZ12 CIC FLI1 NCOA1 **PRKACA** TACC1 **AGK** CLTC FN1 NCOA2 PRKAR1A TACC3 AKAP12 CNTRL FOXO1 PTPRZ1 TAF15 AKAP4 NCOA4 COL1A1 FOXO4 NFIB TCF12 AKAP9 QKI CREB1 **FUS** NOTCH2 RAF1 **TERT** AKT2 AKT3 CREB3L1 GLI1 NPM1 RANBP2 TFE3 CREB3L2 NR4A3 RARA TFG ALK GOPC THADA ASPSCR1 CRTC1 **GPR128** NRG1 **RELA** TMPRSS2 ATF1 DDIT3 HMGA2 NRG2 **RELCH** DNAJBI TPM3 ATP1B1 JAZF1 NSD3 RET **ATRX EGFR KIAA1549** NTRK1 ROS1 TPR BAG4 EML4 KIF5B NTRK2 RREB1 TRIM24 EPC1 ΙΜΝΔ NTRK3 RSP02 TRIM33 BCL<sub>2</sub> RSP03 **BCOR** ERBB2 LPP NUTM1 TRIO **BCORL1** ERBB4 MAGI3 PAX3 SDC1 VGLL2 WT1 **ERG** MAML1 PAX7 SDC4 **BCR** BICC1 ESR1 MAML2 PAX8 SHTN1 WWTR1 **BRAF** ETV1 MAML3 PDGFB SLC34A2 YAP1 ETV4 MET PDGFRA SND1 **YWHAE** BRD3 BRD4 ETV5 MGA PDGFRB SQSTM1 ZMYM2 CAMTA1 **MGMT** PHF1 **SS18 ZNF703** MIR143 CCAR2 EWSR1 PIK3CA SSX1 **ZFTA** CCDC6 MITF SSX2 PLAG1 CCDC88A FEV MKL2

#### **SOMATIC DNA SEQUENCING**

| FULL GENE |        |       |                      |        |         |  |
|-----------|--------|-------|----------------------|--------|---------|--|
| AKT1      | CDH1   | EZH2  | JAK3                 | NRAS   | SETD2   |  |
| ALK       | CDK4   | FBXW7 | KDR                  | NTRK1  | SMAD4   |  |
| AR        | CDK12  | FGFR1 | KEAP1                | NTRK2  | SMARCA4 |  |
| ARAF      | CDK6   | FGFR2 | KIT                  | NTRK3  | SMARCB1 |  |
| ARID1A    | CDKN2A | FOXL2 | KRAS                 | PALB2  | SMO     |  |
| ATM       | CHEK1  | FGFR3 | MAP2K1               | PDGFRA | SRC     |  |
| ATR       | CHEK2  | GNA11 | MAP2K2               | PIK3CA | STAT3   |  |
| AXL       | CRKL   | GNAQ  | МАРК3                | POLD1  | STK11   |  |
| BAP1      | CSF1R  | GNAS  | MET (Incl.           | POLE   | TERT    |  |
| BARD1     | CTNNB1 | HNF1A | Exon 14<br>Skipping) | PTEN   | TOP1    |  |
| BRAF      | DDR2   | HRAS  | MLH1                 | PTPN11 | TP53    |  |
| BRCA1     | EGFR   | IDH1  | MTOR                 | RAF1   | TSC1    |  |
| BRCA2     | ERBB2  | IDH2  | MYC                  | RB1    | TSC2    |  |
| CCND1     | ERBB4  | IGF1R | NF1                  | RET    | VHL     |  |
| CCNE1     | ESR1   | JAK2  | NOTCH1               | ROS1   |         |  |

| CNV   |      |       |     |  |
|-------|------|-------|-----|--|
| AR    | CDK4 | ERBB2 | KIT |  |
| CCND1 | CDK6 | FGFR1 | MET |  |
| CCNE1 | EGFR | FGFR2 | MYC |  |

| FUSION BY RT-PCR |       |      |  |  |
|------------------|-------|------|--|--|
| ALK              | NTRK2 | RET  |  |  |
| NTRK1            | NTRK3 | ROS1 |  |  |

| IMMUNOTHERAPY |                      |  |  |  |
|---------------|----------------------|--|--|--|
| MSI           | PD-L1 RNA Expression |  |  |  |

| HEREDITARY GENES |        |        |       |        |      |
|------------------|--------|--------|-------|--------|------|
| APC              | CDH1   | FLCN   | NBN   | RAD51C | TP53 |
| ATM              | CDK4   | HOXB13 | NF1   | RAD51D | TSC1 |
| AXIN2            | CDKN2A | MET    | NTHL1 | RECQL  | TSC2 |
| BAP1             | СНЕК2  | MITF   | PALB2 | SCG5   | VHL  |
| BARD1            | CTNNA1 | MLH1   | PMS2  | SDHB   |      |
| BMPR1A           | EPCAM  | MSH2   | POLD1 | SDHC   |      |
| BRCA1            | FANCC  | MSH3   | POLE  | SDHD   |      |
| BRCA2            | FANCM  | MSH6   | POT1  | SMAD4  |      |
| BRIP1            | FH     | MUTYH  | PTEN  | STK11  |      |

## INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER (IASLC) RECOMMENDATION:

Liquid biopsy is emerging as not only complementary to tissue-based analysis but also acceptable as the initial approach ("plasma first") for biomarker evaluation at the time of diagnosis and for monitoring the efficacy of targeted therapies.



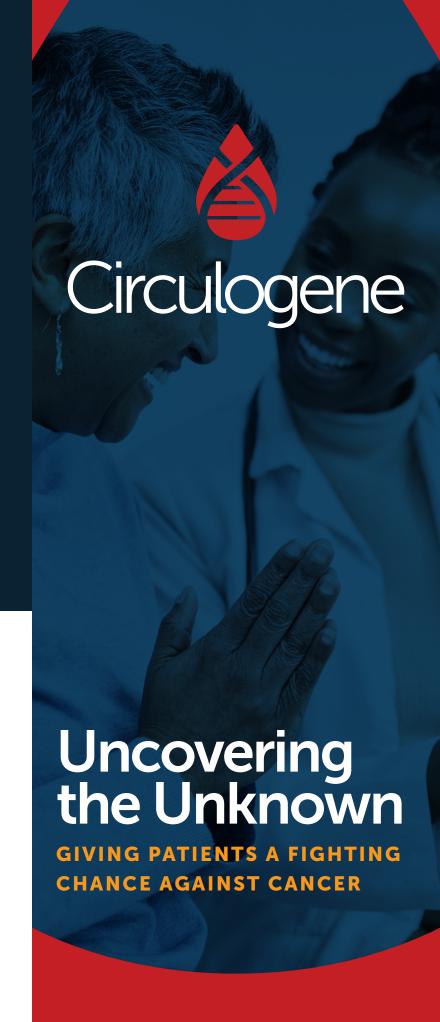
#### **GET STARTED TODAY**

Talk to your **CIRCULOGENE** representative to request our collection kit and requisition form.





WWW.CIRCULOGENE.COM
INFO@CIRCULOGENE.COM
855-614-7083





# My Circulogene?

CIRCULOGENE's comprehensive tumor DNA and RNA sequencing is the only plasma testing available that combines the most advanced next-generation sequencing (NGS) and polymerase chain reaction (PCR) technology to detect and monitor cfDNA and cfRNA within well-characterized, well-documented, actionable cancer-associated genes.

#### **Key Advantages of CIRCULOGENE**

1 BETTER CATCH RATE

By combining PCR testing for cfRNA detection and cfDNA NGS, CIRCULOGENE captures more actionable mutations and fusions.

COMPLETE RESULTS

DNA, RNA, MSI, and PD-L1, Somatic, and Hereditary

3 SPEED

**One Week Turnaround Time** 

PLASMA PD-L1

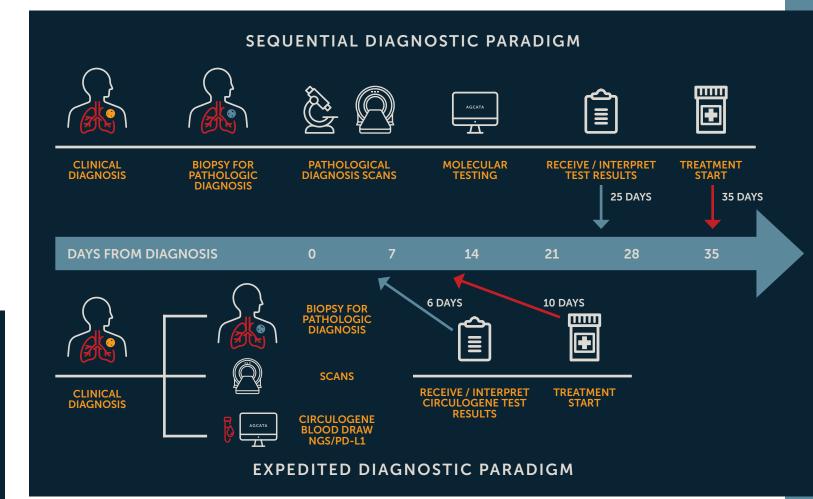
CIRCULOGENE's comprehensive gene panel is the only noninvasive technique that utilizes blood to test plasma PD-L1 RNA. A 3-year landmark study demonstrated parallel survival benefits when using plasma cfRNA PD-L1 compared to tissue PD-L1 as an indication for immunotherapy.

5 EARLY STAGE TESTING

CIRCULOGENE's comprehensive testing platform allows for testing ALL STAGES of cancer. All patients, regardless of stage, deserve a full molecular profile to guide treatment and therapy options.

**6** UPSTREAM TESTING

Performing CIRCULOGENE NGS/PD-L1 molecular testing at the time of a biopsy ensures all newly diagnosed patients get full molecular testing, expedites the correct treatment, and reduces the risk of the wrong treatment



### When to Test with Liquid Biopsy

CIRCULOGENE offers the most advanced NGS and PCR methods to both detect and continually monitor cfDNA and cfRNA.

At Diagnosis To Guide Treatment

At 6-8 Weeks Post-Treatment
to Assess Response

To Assess Symptomatic or Radiographic Concern for Recurrent or Progressing Cancer Before Surgery

